	Soft Tissue Injurie BY MEDICAL SERVICES (12/15		SKILLS CHE FOR RECERTIF	
NAME PRINT STUDENT'S NAME		EMS#	DA	TE.
Objective: Given a partner, a appropriate assessment and t				onstrate
SCENE SIZE-UP (must verba	alize)			
□ BSI □ Scene Safety	☐ Determines NOI/MOI	I □ Number	of Patients	litional Resources
INITIAL ASSESSMENT (m	ust verbalize)			
☐ Mental Status ☐ C-s ☐ Chief complaint ☐ Airv SUBJECTIVE (FOCUSED HI	vay □		☐ Obvious Trauma☐ Body Position	□ Sick □ Not Sick
☐ Reassures and calms pati	complaint and follows SAN		RST investigation	
OBJECTIVE (PHYSICAL EXA	AM)			
☐ Assesses circulation, moto☐ Obtains second set of vita	lical / trauma exam — expor and sensory (CMS) befor I signs and compares to ba	re and after wou	•	and/or injuries
ASSESSMENT (IMPRESSIO	N)			
☐ Verbalizes impression (R☐ Determines if ALS is need	·			-
PLAN (TREATMENT)				
GENERAL CARE (Check all tha			CRITICAL FA	AIL CRITERIA
 □ Applies direct pressure to wound □ Elevates extremity (if indicated indicated: pressure dressing/bandage) □ Administers additional carrindicated: pressure dressing pressure point, splinting □ Administers appropriate randelivery of oxygen 	Initiates steps loss le to Indicates need ALS/transpor e as Monitors patie ng, Considers IOS	to prevent head d for immediate t (SICK) ent vital signs	☐ Take/verbalize ☐ Appropriately airway, breath control, treath ☐ Administer ap delivery of ox	provide/manage ning, bleeding nent of shock propriate rate and ygen (if indicated) eed for immediate
COMMUNICATION AND D	OCUMENTATION		RECERTIFY	(0.0.1)
•	ve short report (if indicated) e portion of incident respon	se form	☐ YES ☐ NO 2 nd ATTEMPT ☐ YES ☐ NO IF NO EXPLAIN	

TIME →				
Blood Pressure				
Pulse Rate				
Respiratory Rate				
Consciousness				
ECG Rhythm				
Oxygen				
Meds				
(Pulse Oximetry)				
(Glucometry)				
Medications taken by patient at hor	ne	Allergi	es	
		Chief (Complaint	
Narrative				

2004 CBT 433 Abd KING COUNTY EMERGENCY MEDIC	KILLS CHE	CKLIST CATION							
NAME PRINT STUDENT'S NAME		EMS#		DA	TE				
2004 CBT 433 Abdominal Pain KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH RAME PRINT STUDENT'S NAME Objective: Given a partner, appropriate equipment and a patient with abdominal pain, demonstrate appropriate assessment and treatment as outlined in CBT 433 and BLS Patient Care Guidelines. SCENE SIZE-UP (must verbalize)									
SCENE SIZE-UP (must verbalize)									
□ BSI □ Scene Safety □ D	etermines NOI/MC	OI 🗆 Nur	nber of P	atients	itional Resources				
INITIAL ASSESSMENT (must verba	llize)								
☐ Mental Status ☐ C-spine	□ Breathing □	☐ Circulati	on 🗆	Body Position	□ Sick □ Not Sick				
☐ Chief complaint ☐ Airway		☐ Bleeding	g 🗆	Obvious Trauma	□ Not Sick				
SUBJECTIVE (FOCUSED HISTORY)									
 □ Establishes rapport with patient and obtains consent to treat □ Reassures and calms patient (notes pertinent comments from the patient, e.g. pregnancy-related history, possibility of domestic violence, etc.) □ Determines patient's chief complaint and follows SAMPLE and OPQRST investigation □ Obtains names/dosages of current medications 									
OBJECTIVE (PHYSICAL EXAM)									
 □ Records and documents baseline □ Performs appropriate medical/train □ Obtains second set of vital signs a 	uma exam — exp		s for add	itional bleeding an	nd/or injuries				
ASSESSMENT (IMPRESSION)									
□ Verbalizes impression (R/O)□ Determines if ALS is needed — st	tates rationale								
PLAN (TREATMENT)									
GENERAL CARE (Check all that apply) ☐ Properly positions patient	☐ Initiates step	s to preven		CRITICAL FA	IL CRITERIA				
☐ Performs abdominal exam	loss	·		DID NOT					
☐ Considers postural BP check	☐ Indicates nee ALS/transpo		ediate	□ Take/verbalize					
☐ Administers appropriate rate and delivery of oxygen	☐ Monitors pati		ıns	 □ Appropriately airway, breath 	provide/manage ing, bleeding				
☐ Administers additional care as indicated: wound care, splinting	☐ Collects eme character (if in		scribes	control, treatm					
☐ Considers pregnancy-related	□ Considers IO	•			nent of shock propriate rate and gen (if indicated)				
questions (if indicated)		(;	additional)		eed for immediate				
COMMUNICATION AND DOCUM	ENT A TION			ALS/transpor	t (SICK)				
COMMUNICATION AND DOCUM				RECERTIFY YES D NO	k				
Delivers timely and effective shortCompletes SOAP narrative portion	•			2 nd ATTEMPT					
EVALUATOR SIGN YOUR NAME	21 11 12 12 11 1 COPO			□ YES □ NO	1				

TIME →				
Blood Pressure				
Pulse Rate				
Respiratory Rate				
Consciousness				
ECG Rhythm				
Oxygen				
Meds				
(Pulse Oximetry)				
(Glucometry)				
Medications taken by patient at hor	ne	Allergi	es	
		Chief (Complaint	
Narrative				

2004 CBT 443 Altered Mental States Poisoning/Overdose KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH						SKILLS CHECKLIST FOR RECERTIFICATION				CB 443		
N/	AME	PRINT STUDENT'S NA			55_5 (12/15/05)1	EMS#			DA	ГΕ		Aiter
	Objective: Given a partner, appropriate equipment and a patient with an altered mental status, demonstrate appropriate assessment and treatment as outlined in CBT 443 and BLS Patient Care Guidelines.									Aitered Mental		
SC	SCENE SIZE-UP (must verbalize)										lal o	
	□ BSI □ Scene Safety □ Determines NOI/MOI □ Number of Patients □ Additional Resources									States		
INI	TIAL	ASSESSM	IENT (mus	st verb	alize)					T		Si.
		l Status	☐ C-spi		☐ Breathing	☐ Circula		,			Sick	Student name
		complaint TIVE (FOC	☐ Airwa	,		☐ Bleedir	ng 🗆	Obvious	Trauma		Not Sick	name
	 □ Reassures and calms patient (notes pertinent comments from the patient e.g. suicide attempt, OD, etc.) □ Determines patient's chief complaint and follows SAMPLE and OPQRST investigation □ Obtains names and dosages of current/ingested medications/poisons (includes time of ingestion/exposure) OBJECTIVE (PHYSICAL EXAM) □ Records and documents baseline vital signs □ Performs appropriate medical/trauma exam—exposes/checks for bleeding/injuries, needles, marks, tracks 											
		MENT (IMI										Ze
		lize impres nines if AL S			states rationale							Recert Yes
PL	. AN (TI	REATMENT))									es No
GE	Protectinjury Remo Perfor tamin Admin indicat psychology	L CARE (Clots patient for ves hazardoms gross cation (if indication) (if indication) (if indication) (isters additated: wound cological/emisters approxy of oxygen	rom furthe ous object decon- cated) tional care care, otional cal opriate rate	r s as	□ Properly pos □ Initiates step loss □ Indicates nec ALS/transpo □ Monitors pat □ Collects eme character (if i	ed for imm ort (SICK) ient vital si esis and/de indicated)	nt heat ediate igns	DID NOT Take. Approairwa contro Admidelive	verbalized priately property, breathingly, treatments appears of oxy	e BSI provi- ing, the ent cor propri gen	de/manage bleeding of shock riate rate and (if indicated) or immediate	O Date Written Score
CC	DMMU	NICATION	AND DO	CUN	IENTATION			RECER	TIFY			
□ □ EVAL	Comp	•			rt report (if indicated on of incident respo	-		☐ YES 2 nd ATTEN ☐ YES IF NO EXPLAIN	□ NO I <u>PT</u> □ NO			(online / onler)

TIME →				
Blood Pressure				
Pulse Rate				
Respiratory Rate				
Consciousness				
ECG Rhythm				
Oxygen				
Meds				
(Pulse Oximetry)				
(Glucometry)				
Medications taken by patient at hor	ne	Allergi	es	
		Chief (Complaint	
Narrative				

2004 CBT 536 Pedia KING COUNTY EMERGENCY MEDICA			S		S CHECK ECERTIFICAT	KLIST	CBT 536 Pediatric		
NAME PRINT STUDENT'S NAME		EMS#			DATE		36 Pe		
Objective: Given a partner, appropriate	Objective: Given a partner, appropriate equipment and a pediatric patient with a traumatic injury, demonstrate appropriate assessment and treatment as outlined in CBT 536 and BLS Patient Care Guidelines.								
SCENE SIZE-UP (must verbalize)							Trauma		
□ BSI □ Scene Safety	□ Determines		Number o	of	☐ Addition	al Resources	ma		
INITIAL ASSESSMENT (must verbali	ze)						St		
☐ Appearance ☐ Work of ☐ Chief complaint ☐ Breathing	☐ Circulation ☐ Bleeding	to Skin		ous Trau Position	ma/C-spine	☐ Sick☐ Not Sick	Student name		
SUBJECTIVE (FOCUSED HISTORY)							Ф		
 □ Establishes rapport appropriate for patient's age and obtains consent to treat (from parents if present) □ Reassures and calms patient – considers immediate spinal precautions (explains procedures as indicated) □ Determines patient's chief complaint and follows SAMPLE and OPQRST investigation □ Obtains names/dosages of current medications (use parents as historians, if possible) 									
OBJECTIVE (PHYSICAL EXAM)									
□ Records and documents baseline of the Performs appropriate trauma examous Assesses CMS before and after word of the Performance of the Performa	n — exposes/checound care (as indicar	ted)	ditional bl	eeding a	nd/or injuries				
ASSESSMENT (IMPRESSION)							Rec		
□ Verbalize impression (R/O)□ Determines if ALS is needed — state	ites rationale						Recert Yes		
PLAN (TREATMENT)							No		
GENERAL CARE (Check all that apply)				CRITI	CAL FAIL	CRITERIA	Date		
☐ Considers immediate spinal precautions	☐ Initiates stepsloss☐ Indicates need			DID NO			CD		
J	ALS/transport ☐ Monitors patie	nt vital si	•	□ Appr	ropriately pro ay, breathing	vide / manage , bleeding			
and delivery of oxygen	☐ Incorporates p needed☐ Considers IOS		6	□ Did	rol, treatment not assess/pr	t of shock rovide for	Written Score		
☐ Applies appropriate spirial	□ Considers IOS		(additional)	□ Adm deliv	ninister approvery of oxyge	on (if indicated) for immediate			
COMMUNICATION AND DOCUME	NTATION			RECER	RTIFY		(online		
□ Delivers timely and effective short report (if indicated) □ Completes SOAP narrative portion of incident response form EVALUATOR SIGN YOUR NAME □ YES □ NO							(online / other)		

TIME →				
Blood Pressure				
Pulse Rate				
Respiratory Rate				
Consciousness				
ECG Rhythm				
Oxygen				
Meds				
(Pulse Oximetry)				
(Glucometry)				
Medications taken by patient at hor	ne	Allergi	es	
		Chief (Complaint	
Narrative				

2004 CBT 620 Infectious DiseaseKING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

INFECTIOUS DISEASE PROGRAM REVIEW

			REQU	IRED ANNUALLY	FOR REC	ERTIFICATION
NAME	PRINT STUDENT'S NAME	EMS#			DATE	
to annua	ve: To fulfill the requirements of WAC 296-305-0 ally review the infectious disease information, up ent's infectious disease plan. Additional specific	dates, pro	otocols, ar	nd equipment	used in	their
W	The course CBT 620 Infectious Disease was with a score greater than 70%. The person who conducted the required review.	·				·
k	nowledgeable about the program and its co	ntents.				
The rev	riew contained:					
	a general explanation of the epidemiology, s covered in CBT 620)	ymptoms	and tran	smission of	infection	us diseases.
	an explanation of the department's exposure	control p	olan			
□ Ir	nformation about available personal protecti	ve equipr	ment (PP	PE)		
□ lı	nformation pertaining to the reporting of an e	exposure				
	nformation about post exposure evaluation a	and follow	v-up proc	edures follo	wing an	exposure
	he review fulfills the requirements set forth i trongly suggested that the above WACs are State	reviewe				
COMM	JNICATION AND DOCUMENTATION			RECERTIF	Υ	
	vers timely and effective short report (if indicated) pletes SOAP narrative portion of incident respon			□ YES [□ NO	
	IGN YOUR NAME	EMS#		IF NO EXPLAIN		